

Arizona Veteran Service Commission

Internal Management Policy 90-01

SUBJECT: TRANSFER OF ANNUAL LEAVE

EFFECTIVE DATE: March 1, 1999 (Supersedes IMP 90-01, 2/16/90 and 7/11/97)

- 1.0 POLICY: The Arizona Veterans Service Commission supports the transfer of annual leave initiated by the Arizona Department of Administration, Personnel Division, and adopts their policy in its entirety.
- 2.0 AUTHORITY: ARS § 41-1830.12 and 41-783.17(a.) as amended in S.B. 1181, A. A. C. R2-5-403.
- 3.0 RESPONSIBILITY: Supervisors shall insure that all employees understand and comply with this policy.
- 4.0 ELIGIBILITY:
 - 4.1 The donating and receiving employees must be eligible to accrue and use annual and sick leave.
 - 4.2 The donating and receiving employees must be in the same agency.
 - 4.3 The illness or injury must be seriously incapacitating and extended.
 - 4.4 The receiving employee must have exhausted all sick, annual and compensatory leave.
 - 4.5 If a family member is the one seriously incapacitated or ill, the receiving employee must have used 40 hours of family sick leave, if available, and all annual and compensatory leave.
- 5.0 DEFINITIONS:
 - 5.1 Commission Personnel Office - The Human Resources Office for the Arizona Veterans Service Commission.
 - 5.2 Donor - An employee who is eligible to donate leave to another individual and does so in writing.
 - 5.3 Employee - A permanent or probationary status employee who is eligible to accrue leave.
 - 5.4 Extended - A period of three or more weeks of absence from the job due

to illness or injury.

- 5.5 Family Member - A spouse or dependent child, whether natural, adopted, foster or step.
- 5.6 Medical Statement - A written document, on appropriate letterhead, which reflects a full diagnosis of the illness and a prognosis to include anticipated date of recovery, provided by a licensed medical practitioner.
- 5.7 Recipient - an employee who is eligible to receive donation of annual leave by meeting the defined criteria.
- 5.8 Seriously Incapacitating - Any non-routine illness or injury which confines the employee or family member to home or bed for an extended period as attested to by a medical statement.

6.0 PROCEDURES:

- 6.1 Any employee may contribute one or more hours of annual leave to another employee in the same agency who has exhausted all accrued leave because of a seriously incapacitating and extended illness or injury to either the employee or family member.

An employee wishing to donate accrued annual leave may do so by completing a statement as shown in Exhibit C.

- 6.1.1 In the event the transfer of annual leave is denied, the specific reason will be sent to the requesting individual in writing.
- 6.2 The employee requesting donated leave or representative will provide a medical statement to the immediate supervisor and request annual leave donations (see Exhibit A).
- 6.3 The supervisor will complete the Recommendation for Approval section of the Authorization of Transfer of Annual Leave as shown in Exhibit B and forward it to the Commission personnel office.
- 6.4 The Commission personnel office will forward the recommendation to Capitol Mall Personnel Office (CaMP) to review the information, confirm that the individual is eligible to accrue leave and that eligibility criteria are met for family member illnesses or injuries.
 - 6.4.1 CaMP Office approves/disapproves the request for donated leave, logs the documents and returns to the Commission personnel office.
 - 6.4.2 The Commission personnel office forwards donated leave documentation to the Commission payroll office.

- 6.5 The Commission payroll office maintains documents and posts donated leave to the employees' payroll record. The Commission payroll office will assure that all annual leave will be used on a proportional basis and will return any unused annual leave on a proportional basis. The Commission payroll office will also maintain an adequate audit trail.

The dollar value of annual leave donated will be adjusted proportionately in relation to the salary of the employee donating leave. For example: a pay grade 20 donor donates 2 hours annual leave at \$19.4875 per hour to a pay grade 9 recipient at \$6.2093 per hour, results in total of 6.2768 hours available ($\$19.4875 \times 2 = \39.975 divided by $\$6.2093 = 6.2768$).

All unused leave donated to the recipient is returned to the donors in the order received, on a pro-rata basis, if the recipient separates from State Service, recovers prior to using all leave donated or need for leave is otherwise abated. For example: a pay grade 20 donor has donates 8 hours annual leave at \$19.4875 per hour to a pay grade 9 recipient at \$6.2093 per hour. This will allow 25.1075 hours for the grade 9 ($8 \text{ hours} \times \$19.4875 = \155.90 divided by $\$6.2093 = 25.1075$). If only four hours are used ($\$6.2093 \times 4 = \24.8372 , the dollar amount is subtracted from the amount donated ($\$155.90 - \24.8372) resulting in the return of \$131.0628. That allows restoration of 6.7254 hours to the donor ($\$131.0628$ divided by $\$19.4875$).

Once the need for leave is terminated, the documentation will be returned to the Commission payroll office to be maintained in the official files. This information will be given official confidential protection as is all official personnel information.

- 7.0 IMPLEMENTATION: This policy shall be implemented without change on the effective date.

Attachments: Request to Receive Donation of Annual Leave
Recommendation for Approval of Donation of Annual Leave
Donation of Annual Leave

Patrick F. Chorpenning, Director



Exhibit "A"

MEMORANDUM

DATE:

TO:

Immediate supervisor

Title

FROM:

Employee

Social Security #

SUBJECT: REQUEST TO RECEIVE DONATION OF ANNUAL LEAVE

I have exhausted all appropriate leave balances and am unable to return to work because of (illness/injury) which occurred on (date) to (employee or immediate family member) and which continues to require my absence until (projected date).

I have obtained a written statement from my attending physician which explains in detail the nature of the problem and the anticipated date I will be able to return to work. This statement is attached.

Exhibit "B"



ARIZONA VETERANS SERVICE COMMISSION

MEMORANDUM

DATE [Date]

TO: Capitol Mall Personnel Office

FROM: [Supervisor]

SUBJECT: RECOMMENDATION FOR APPROVAL OF DONATION OF ANNUAL LEAVE

I have received the necessary documentation from [employee name] attesting to the need for assistance through the donation of annual leave.

I have confirmed with Arizona Veterans Service Commission payroll that the individual has exhausted all accrued annual, compensatory and sick leave (as appropriate) or will exhaust it by _____.

I recommend approval.

Exhibit "C"



ARIZONA VETERANS SERVICE COMMISSION

MEMORANDUM

DATE [Date]

TO: All Employees

FROM: Human Resources Department

SUBJECT: DONATION OF ANNUAL LEAVE

Under the provisions of the Department of Administration, Personnel Rule R2-5-403.E, a request for donated annual leave has been made by _____. If you would like to respond, please indicate the number of hours of your annual leave you wish to donate. Any **unused** leave that is donated will be returned on a proportional basis as determined by the payroll office.

Please provide the following information and return this fom to Human Resources as soon as possible.

Name of Donor Employee:

Social Security #:

I wish to donate _____ hours annual leave.

X

Signature of Donor Employee